

Registered pharmacy inspection report

Pharmacy Name: Pharmacare Medical, Compass House, Knaves

Beech Way, Loudwater, HIGH WYCOMBE, Buckinghamshire, HP10
9QY

Pharmacy reference: 1112086

Type of pharmacy: Internet / distance selling

Date of inspection: 20/02/2024

Pharmacy context

This is a pharmacy which provides its services at a distance and is closed to the public. The pharmacy is located near High Wycombe in Buckinghamshire on an industrial estate at the site of the pharmacy's head office (SecuriCare). The pharmacy has an NHS contract and provides services to people who receive appliances through SecuriCare. This includes the New Medicine Service (NMS) and a nationwide delivery service. The pharmacy also supplies multi-compartment compliance packs for people who find it difficult to manage their medicines at home. The pharmacy does not sell medicines over the counter or offer any other additional services.

Overall inspection outcome

✓ **Standards met**

Required Action: None

Follow this link to [find out what the inspections possible outcomes mean](#)

Summary of notable practice for each principle

| Principle | Principle finding | Exception standard reference | Notable practice | Why |
|--|-------------------|------------------------------|------------------|-----|
| 1. Governance | Standards met | N/A | N/A | N/A |
| 2. Staff | Standards met | N/A | N/A | N/A |
| 3. Premises | Standards met | N/A | N/A | N/A |
| 4. Services, including medicines management | Standards met | N/A | N/A | N/A |
| 5. Equipment and facilities | Standards met | N/A | N/A | N/A |

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy is operating well. It has the right systems in place to identify and manage the risks associated with its services. Members of the pharmacy team understand their role in protecting the welfare of vulnerable people. The pharmacy protects people's confidential information suitably. And it maintains its records as it should.

Inspector's evidence

This was an efficiently run pharmacy with capable staff in place. The pharmacy had a range of documented as well as electronic standard operating procedures (SOPs) in place which provided guidance for the team on how to complete tasks appropriately. They had been read and signed by the staff. Team members understood their roles and responsibilities. This included tasks that could be completed in the absence of the responsible pharmacist (RP). The correct notice to identify the pharmacist responsible for the pharmacy's activities was on display.

The pharmacy had suitably identified and managed the risks associated with the pharmacy's services. The dispensary was kept clear of clutter and the team was organised. There were designated sections for each staff member to work in and segregated areas for different processes. The latter were clearly labelled and included sections for prescriptions which were awaiting stock, or to be checked by the pharmacist for example. Near miss mistakes that had occurred were recorded, details were discussed and reviewed with the team formally, every month; common mistakes were highlighted and separated such as loperamide tablets and capsules. Medicines which looked-alike or sounded-alike (LASA) were also separated and a list about the latter was on display which staff added details to when more LASAs were identified. The pharmacist's process to manage dispensing errors which reached people was suitable. This involved appropriate handling of the situation, formal reporting, and investigation to identify the root cause.

The pharmacy ensured people's confidential information was kept secure. Staff used their own individual NHS smart cards to access electronic prescriptions and the pharmacy's computer systems were password protected. Confidential waste was disposed of suitably and team members had signed confidentiality clauses. Staff were trained to safeguard the welfare of vulnerable people and knew who to contact in the event of a concern. They described concerns seen when they had worked previously, in another department for the company as well as how they had responded. The RP was trained to level two through the Centre for Pharmacy Postgraduate Education (CPPE) and the locum pharmacist to level 3.

The pharmacy had current professional indemnity and public liability insurance. The pharmacy's records were kept in accordance with statutory and best practice requirements. This included a sample of registers seen for controlled drugs (CDs), records of supplies made against private prescriptions, the RP record, and records of unlicensed medicines. On randomly selecting CDs held in the cabinet, their quantities matched the stock balances recorded in the corresponding registers. Checks to verify the balance of CDs were made and recorded regularly. Records verifying that fridge temperatures had remained within the required range had also been suitably maintained.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. The pharmacy provides its services using a team with various levels of experience. The company who owns the pharmacy also provides them with resources so that they can complete regular and ongoing training. This keeps their skills and knowledge up to date.

Inspector's evidence

The pharmacy team at the inspection consisted of a trained dispensing assistant and two regular pharmacists, the RP, and a regular locum. The superintendent pharmacist also worked one day a week, there was another trained dispensing assistant and usually two pharmacists present. There was enough staff to manage the pharmacy's workload and the team was up to date with this. They were a small team, communicated verbally and regularly discussed things with one another. Team meetings were held when needed and correspondence received from head office frequently. Staff liked working at the pharmacy. The company provided formal or ongoing training to keep the teams knowledge and skills up to date. The team's progress was monitored formally.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are secure and suitable for the activities the pharmacy undertakes. The pharmacy has enough space to deliver its services safely. And the premises are suitably clean.

Inspector's evidence

The pharmacy premises consisted of a spacious room which was used as a dispensary. Half of the room was occupied and used by pharmacists, the other half by dispensary staff which also held stock. One end contained PCs with dedicated workstations for pharmacists and each dispenser. There was enough space in the dispensary to prepare medicines and plenty of shelving as well as bench space. The pharmacy did not have a consultation room, as it was closed to the public and did not provide any public facing services. This was therefore not required. Fixtures and fittings were maintained appropriately. The pharmacy was kept clean, it was clear of clutter, appropriately ventilated, and bright. Once medicines were assembled in the pharmacy, they were taken by staff and dispatched from the company's warehouse. This was in a separate building but on the same site as the company's head office. The pharmacy team had access to the company's staff facilities. The pharmacy was secured appropriately, and unauthorised access was restricted.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services appropriately. The pharmacy obtains its medicines from reputable sources, and it keeps the appropriate records to verify how its services are being run. Members of the pharmacy team ensure prescription medicines are suitably delivered. But team members are not making all the checks that they could to help people with higher-risk medicines take their medicines safely.

Inspector's evidence

The pharmacy was located on the ground floor of one of the company's buildings. It had parking spaces outside, but the premises were closed to the public, so access was limited. The pharmacy had an internet presence (<http://www.pharmacaremedical.co.uk>). This highlighted how the service worked, which services were provided, information about the pharmacy's superintendent pharmacist and contact details. The pharmacy only provided dispensing services to people who received appliances (for Stoma care or incontinence) through SecuriCare. New people were recruited by the company's customer services team and once the pharmacists had spoken to them, signed consent was obtained to provide them with dispensing services.

There was an established workflow in place. Prescriptions were prepared in one area of the dispensary, and pharmacists checked medicines for accuracy from another section. The team used baskets to hold prescriptions and medicines during the dispensing process. This helped prevent any inadvertent transfer between them. The baskets were also colour coded to indicate which day of the week people's prescriptions required delivering and each person, signed up to the pharmacy's services had their own individual labelled basket. This helped clearly highlight and schedule the workload efficiently. After the staff had generated the dispensing labels, there was a facility on them which helped identify who had been involved in the dispensing process. Team members routinely used this as an audit trail.

The pharmacy provided a prescription management and repeat ordering service. Prescriptions were then received electronically or by post. Daily phone calls, checks and monitoring took place. This helped identify changes or to ensure any additional medicines prescribed were reconciled with people's SecuriCare orders. This was also monitored by SecuriCare.

People's medicines were delivered to them by DPD which could be tracked. This was via a next-day delivery service. The pharmacy kept records about this service. Failed deliveries were returned to the pharmacy, discarded and replacements sent. No medicines were left unattended. People were verbally informed about any necessary information or if counselling was required by the pharmacists. Ice packs and specific packaging (Woolcool) were used to help keep medicines that required refrigeration cool during the delivery process. Test deliveries had also been completed to verify that the safety or quality of the medicines were not affected during transit. Staff stated that medicines requiring refrigeration could be kept cool for 72 hours with the specific packaging they used. CDs were tracked and monitored separately by pharmacists. Prescriptions for the latter were initially separated once they had been sent for delivery, delivery lists were then printed and tracking information for each CD prescription was physically checked to ensure that the medicine had been delivered. This also included a photograph of the packaging being delivered and people were required to sign to verify that CDs had been received.

The pharmacy also supplied some people's medicines inside compliance packs once the person's GP had identified a need for this. Specific records were kept for this purpose. Any queries were checked with the prescriber and the records were updated accordingly. All medicines were removed from their packaging before being placed inside them. Descriptions of the medicines inside the compliance packs were provided but patient information leaflets (PILs) were not routinely supplied. A few compliance packs had also been left unsealed overnight at the point of inspection. The risks associated with this practice had been minimised from the way that they were stored but these points were discussed at the time.

Staff were aware of the risks associated with valproates. Relevant details about not splitting the pack of tablets were known and team members ensured that warning labels were not covered when they placed dispensing labels on them. Educational material was available to provide upon supply. For people prescribed other higher-risk medicines, some checks were made but no specific details about blood test results for example, were requested or documented.

The pharmacy's stock could have been stored in a more organised way. The pharmacy used licensed wholesalers to obtain medicines and medical devices. Medicines were date-checked for expiry regularly and records kept verifying when this had taken place. Short-dated medicines were identified. CDs were stored under safe custody. Medicines were kept appropriately in the fridge. Dispensed medicines requiring refrigeration and CDs were stored within clear bags. This helped to easily identify the contents upon hand-out. Medicines returned for disposal, were received via DPD, accepted by staff, and stored within designated containers before being taken away and disposed of. This did not include sharps which were redirected appropriately. Drug alerts were received electronically, monitored, and actioned appropriately. Records were kept verifying this.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the necessary equipment and facilities it needs to provide its services safely. And its equipment ensures people's confidential information is secure.

Inspector's evidence

The pharmacy had the appropriate range of facilities and equipment. This included access to current reference sources, a legally compliant CD cabinet, a suitable pharmacy fridge, capsule counters, standardised conical measures, and a device to break tablets. The dispensary sink to reconstitute medicines was clean with access to hot and cold water. The pharmacy's equipment was clean and maintained appropriately. Staff used their own NHS smart cards to access electronic prescriptions and computer terminals were password protected.

What do the summary findings for each principle mean?

| Finding | Meaning |
|-----------------------|--|
| ✓ Excellent practice | The pharmacy demonstrates innovation in the way it delivers pharmacy services which benefit the health needs of the local community, as well as performing well against the standards. |
| ✓ Good practice | The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services. |
| ✓ Standards met | The pharmacy meets all the standards. |
| Standards not all met | The pharmacy has not met one or more standards. |